

Employment Wage Complaint Michigan Department of Labor & Economic Growth Wage & Hour Division 6546 Mercantile Way, Suite 5, P.O. Box 30476 Lansing, MI 48909-7976 Telephone: 517.335.0400 Facsimile: 517.335.0077 Website: www.michigan.gov/wagehour	IMPORTANT: By filing this claim with the Wage & Hour Division, you are electing a remedy which may prevent you from pursuing this claim elsewhere, including civil court.
	The Department of Labor & Economic Growth will not discriminate against any individual based on religion, race, color, national origin, sex, disability, age, marital status, height, weight, arrest record, genetic information and familial status. Persons with disabilities needing accommodations under the Americans with Disabilities Act may make your needs known to this agency.
	AUTHORITY: ACT 390, PUBLIC ACTS OF 1978, AS AMENDED ACT 154, PUBLIC ACTS OF 1964, AS AMENDED COMPLETION: VOLUNTARY PENALTY: NONE

EMPLOYEE INFORMATION Please print your name below. Please sign your name in the signature block on the back of this form.		
LAST NAME, FIRST NAME, MIDDLE INITIAL (X) Mr. () Ms. Jones Patrick D		LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: 1234
ADDRESS (STREET NUMBER AND NAME): 123 Oak St.		BIRTH DATE: 10/20/78
CITY, STATE, ZIP: Lansing, MI 48900		COUNTY: Ingham
EMAIL ADDRESS: pjones@email.com	HOME TELEPHONE NUMBER: (517) 555-1212	TELEPHONE NUMBER WHERE YOU CAN BE CONTACTED BETWEEN 8 AM AND 5 PM, MONDAY THROUGH FRIDAY: (517) 555-1212
ADDRESS WHERE YOU WORKED: STREET NAME AND NUMBER: 987 Maple st.		
CITY, STATE, ZIP: Dimondale, MI 48900		COUNTY: Eaton

EMPLOYER INFORMATION			
BUSINESS NAME: My Business Inc.		EMAIL OR WEBSITE ADDRESS (IF KNOWN): www.mybusiness.net	
BUSINESS ADDRESS (STREET NUMBER AND NAME): 987 Maple st.		TELEPHONE NUMBER: (517) 999-9999	
CITY, STATE, ZIP: Dimondale, MI 48900		COUNTY: Eaton	
IF THE ADDRESS SHOWN ABOVE IS NOT CURRENT FOR THE EMPLOYER, WHERE CAN THE EMPLOYER BE CONTACTED?		PERSON IN CHARGE OF DAY-TO-DAY OPERATIONS: John Boss	
		What type of work did you do? Parts installer	
NUMBER OF EMPLOYEES: 10		YES	NO
Have you asked the employer for your wages and/or your fringe benefits?		x	
Were you in a union or covered by a union contract? If yes, submit a copy.			x
Did your employer regulate your hours?		x	
Did your employer tell you how to perform your work?		x	
Did your employer make deductions for taxes?		x	
Did you receive a W-2 Statement? If yes, submit a copy.		x	
Did you receive an IRS FORM 1099? If yes, submit a copy.			x

FOR OFFICE USE ONLY	CLAIM NUMBER:	ACTION:	REVIEWER:	DATE:
AMOUNT, NATURE AND DATES OF CLAIM:		CC:		

CLAIM WILL BE RETURNED IF AN AMOUNT AND PERIOD CLAIMED IS NOT PROVIDED.

Nature of Claim	Amount Claimed	Period Claimed			Calculate Amount Claimed i.e. \$8.00 per hour x 10 hours = \$80 (Attach additional sheets if necessary)
		Month/Day/Year	to	Month/Day/Year	
Pay Stubs not issued	NA	07/02/07		07/13/07	20 hours x \$10 per hr= 200.00
Hourly Wages	\$ 200.00	07/02/07		07/13/07	
Salary	\$				
Commissions	\$				
Deductions	\$				
Minimum Wage/Overtime	\$				
Vacation	\$				
Expenses	\$				
Sick	\$				july 4th 8 hours x \$10 per hr = 80.00
Holiday	\$ 80.00	07/04/07		07/04/07	
Paid Time Off	\$				
Bonus	\$				
Debit Card/Direct Deposit	\$				
Piece Rate	\$				
					I haven't got a pay stub because I haven't been paid.
Total Amount Claimed	\$ 280.00				

Provide any additional information you may have on an attached sheet of paper. Attach copies of any document which supports your claim such as; an employment contract, wage agreement, commission statements, invoices, time records, list of hours worked, check stubs, written fringe benefit (vacation pay, sick pay, holiday pay, paid time off, bonus, expense reimbursement) policy or contract.

Start date of employment (Month/Day/Year): 02/01/06		Last date worked (Month/Day/Year):			
Employment Status: <input type="checkbox"/> QUIT <input type="checkbox"/> DISCHARGED <input checked="" type="checkbox"/> STILL EMPLOYED					
If discharged, state reason given by employer?					
RATE OF PAY	HOURLY \$ 10.00	SALARY \$	COMMISSIONS \$	OTHER \$	
If salaried, how many days did you work each week or pay period? 4					
How often were you paid? <input type="checkbox"/> WEEKLY <input checked="" type="checkbox"/> BI-WEEKLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> MONTHLY					
PLEASE ANSWER THE FOLLOWING QUESTIONS					
				YES	NO
Does the business make more than \$500,000/year or transport goods outside of Michigan?					x
Are you filing this claim because the employer did not pay minimum wage and/or time & one-half for hours worked over 40/week?					x
What is the employer's reason for not paying what you are claiming? Says he doesn't have money to pay me. Will pay me next month					

CERTIFICATION: I certify that to the best of my knowledge and belief, this is a true statement of wages or fringe benefits due me. I will inform the department if any of the following occur; change of name, address, and/or telephone number for myself and/or employer, direct payment and/or settlement of claim. **Filing this complaint does not guarantee payment, or a finding in your favor.**

SIGNATURE OF CLAIMANT:

DATE:

7/20/07